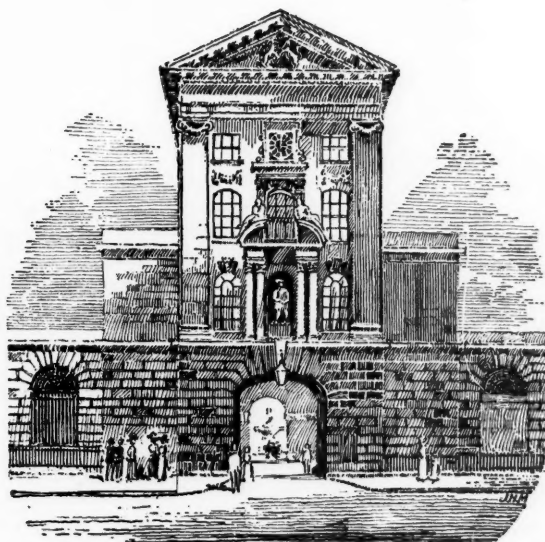


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VOL. XXXI.—No. 12.

SEPTEMBER, 1924.

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CONTENTS.

	PAGE		PAGE
Calendar	177	Notes on General Practice:	
Editorial Notes	177	Midwifery	187
Obituary:		A Note on Hypodermic Medication ...	187
George Heaton, B.Ch., F.R.C.S. ...	178	Students' Union:	
Skin Trauma that won't Heal—and		Musical Society	188
Syphilis. By H. M. Hanschell, D.S.C.,		Correspondence	188
M.R.C.S., D.T.M.&H.	178	Recent Books and Papers by St. Bar-	
A House-Surgeon's Mental Notes ...	180	tholomew's Men	189
A Morning spent at the Surgical Clinic of		Reviews	190
Prof. F. de Quervain at Berne. By		Examinations, etc.	191
Alex. E. Roche, M.B., B.Ch.(Cantab.)	182	Changes of Address	192
A Holiday in Hospital	183	Appointments	192
A Case of Supra-renal Adenoma. By		Births	192
N. L. Capener, M.R.C.S., L.R.C.P....	184	Marriages	192
A Case of Meckel's Diverticulum ...	185	Deaths	192
A Sad Story with a Moral	186	Index to Advertisements	ii

INDEX TO ADVERTISEMENTS.

	PAGE		PAGE
"Acoustique"	xii	Hall & Sons, Ltd. ... "Ideal" Boots and Shoes	v
Allen & Hanburys	v	Holborn Surgical Instrument Co., Ltd.	xi
Alliance Drug and Chemical Co.	x	Horlick's Malted Milk Co.	ii
Benger's Food	xii	Maw, Son & Sons, Ltd. ... Binaural Stethoscopes	vii
Books—		Medical Sickness, Annuity, and Life Assurance Society, Ltd.	xiii
Adlard & Son & West		Millikin & Lawley	xii
Newman, Ltd.		Morgan Richards & Sons ... Lactopeptine	x
The Fundus Oculi	iii	Paripan, Ltd.	xiv
The Modern (Allen) Treatment of Diabetes Mellitus	iii	Parke, Davis & Co. ... Euthymol Tooth Paste	vi
Baillière, Tindall & Cox.—		Ronuk	xii
Eccles		Royal Southern Hospital, Liverpool	vii
Lewis		St. Bartholomew's Hospital	
Hernia. The Imperfectly Descended Testis	iv	Medical College	
Cadbury Bros.	ii	Fellowship Classes; Entrance Scholarships	viii
Chartered Society of Massage and Medical Gymnastics	vii	Ditto	xiii
Cook, E., & Co.	ii	Preliminary Scientific Department	ix
Down Bros.	xiii	D.P.H. Classes; Bacteriology, etc.	iv
Dowie & Marshall	iv	St. Bartholomew's Trained Nurses' Institution	vi
Evans & Witt	iv	Virol	iii
Fellows	xiv	X-rays, Ltd.	
Gieves, Ltd.	iv	Compound Syrup of Hypophosphites	
Compound Syrup of Hypophosphites	xiv	X-ray Appliances	

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"Æquam memento rebus in arduis
Servare mentem."

—Horace, Book ii, Ode iii.

JOURNAL.

VOL. XXXI.—No. 12.]

SEPTEMBER 1ST, 1924.

PRICE NINEPENCE.

CALENDAR.

- Fri., Aug. 29.—Dr. Morley Fletcher and Mr. Waring on duty.
Tues., Sept. 2.—Sir P. Horton-Smith Hartley and Mr. McAdam Eccles on duty.
Fri., „ 5.—Sir Thomas Horder and Mr. Rawling on duty.
Tues., „ 9.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Fri., „ 12.—Prof. Fraser and Prof. Gask on duty.
Tues., „ 16.—Dr. Morley Fletcher and Mr. Waring on duty.
Fri., „ 19.—Sir P. Horton-Smith Hartley and Mr. McAdam Eccles on duty.
Last day for receiving matter for October issue of Journal.
Tues., „ 23.—Sir Thomas Horder and Mr. Rawling on duty.
Fri., „ 26.—Dr. Langdon Brown and Sir C. Gordon-Watson on duty.
Tues., „ 30.—Prof. Fraser and Prof. Gask on duty.
Wed., Oct. 1.—Old Students' Dinner in the Great Hall at 7.30 p.m.

EDITORIAL.

IT would be black ingratitude to the writer of last month's "Editorial" to suggest that anything worthy of record happened last month. A monthly publication has some of the faults of a monthly letter. We understand that friends who write to each other every day find a great deal to say. We ourselves find it possible to compose an epistle of respectable length to those who hear from us about once a year. A month is a most difficult space of time. It is too long a time to admit of details being of great interest; it is too short to allow any generalizations to be made.

Had we composed an editorial on each day during August, it would have been packed with interesting record and comment. Yet to review the whole month leaves us gloomily aphasic. We merely hope that ours was the only spot where the sun never shone, ours the only district where the rain was incessant, and ours the only town where babies were born only between midnight and 4 a.m.

The amusing story of a most determined "unregistered practitioner" has been brought to light by the zeal of an American visitor to renovate the memorials of his ancestors.

In the Church of St. Bartholomew-the-Great is a mural tablet commemorating Francis Anthony. Anthony, born in 1550, was the son of a goldsmith. He practised in London without the authority of the College of Physicians. The College—rather generously it seems—decided to examine him, and, as they have done in the cases of others we know, found him rather ignorant of the principles of medicine. Possibly he failed to realize the therapeutic use of viper tongue broth, or knew not the drug which openeth the spleen—these details, unfortunately, are not to hand. He was forbidden to practise, but such was his professional keenness that shortly after he was fined and sent to prison for violating the instructions of the law. Liberated by the Lord Chief Justice, he again offended, was sent back to prison, and was only liberated on the plea of the poverty of his household. Again he began to practise, making great gain from the sale of his nostrum, called *aurum potabile*. He maintained that gold was the most valuable of medicines, and he claimed that he had made a solution of this metal, a second examination catastrophe resulting from his failing to demonstrate to the Master of the Mint that he could make liquid gold.

* * *

In 1835 a fund called the "Samaritan Fund" was established to give assistance to patients after discharge

from the wards of St. Bartholomew's Hospital. Over seventy-three thousand patients have received benefit from this fund, which has distributed £55,705.

* * *

Elsewhere in this issue will be found a notice of the "Newbolt Memorial Fund." Mr. Newbolt was a Bartholomew's man, and was undoubtedly well known to some of our readers. The object of the fund is to extend the X-Ray Department and provide additional accommodation for the Nursing Staff at the Royal Southern Hospital, Liverpool, both being improvements which Mr. Newbolt had at heart at the time of his death.

* * *


The Old Students' Dinner will be held this year on Wednesday, October 1st, 1924, in the Great Hall at 7 for 7.30 p.m.

Dr. J. H. Drysdale will be in the chair, and this fact alone makes the Dinner of especial interest.

Will all Old Bart.'s men intending to be present communicate quickly with either of the Honorary Secretaries, Sir Charles Gordon-Watson or Mr. Vick at 82, Harley St.

OBITUARY.


GEORGE HEATON, B.Ch., F.R.C.S.

E greatly regret to record the death of Mr. George Heaton, which occurred on August 13th. Mr. Heaton was 63 years of age. Educated at Clifton College, he went up to Oxford with a Demyship in Science and took a first class in the Honours School of Natural Science.

At Bart.'s he became Senior Scholar, Gold-Medallist and afterwards House-Surgeon, and later he took up consulting surgical practice in Birmingham. He served the General Hospital there as Honorary Surgeon, and at the time of his death was on the Consulting Staff. He was Examiner in Surgery at the University of Oxford and Lecturer on Operative Surgery in the University of Birmingham. He had a considerable reputation as an excellent teacher, good clinician and a masterly operator. His published works include a book on *Surgical Interference in Diseases of the Stomach* and a number of other monographs.

SKIN TRAUMA THAT WON'T HEAL—AND SYPHILIS.

By H. M. HANSHELL, D.S.C., M.R.C.S., D.T.M.&H.,
Pathologist and Director, V.D. Clinic, Seamen's Hospital, Royal Albert Dock; Late Senior Demonstrator, London School of Tropical Medicine.

T is well known that late syphilitic lesions often appear on the site of some recent trauma. It is hoped that the following cases, illustrating this fact, may be of interest.

(1) Seaman, European, æt. 26; "tattooing had never healed." Three months before, at a China port, he had been tattooed on flexor surface of right forearm. Keeping strictly to the lines of some species of dragon were a series of discrete, inflamed, dull red, nearly painless nodules, the circumference of the nodules desquamating. Wassermann positive ++. Eight years before a chancre that had "carried away the bobstay," followed by rash and ulcers in throat. There was no frænum—a smooth scar occupied its site.

The nodules disappeared rapidly under anti-syphilitic treatment.

(2) Seaman, European, æt. 65. "Boils" on buttock, and "vaccination on arm had never healed."

On right buttock were two gummata. On external surface left deltoid were three shilling-size red, scaly, raised flat-topped discs. Six months before he had been vaccinated against smallpox exactly on those spots; twenty-five years ago chancre (scar on glans penis) and rash. Wassermann positive ++. Scrapings from under scales on the vaccine spots revealed, microscopically, *Sp. pallidum*. [One recalls here the stories of transmission of syphilis by arm-to-arm vaccination.] Under anti-syphilitic treatment, while the gummata steadily healed, the vaccine spots rapidly changed their character, becoming smooth, round, depressed pink scars.

(3) Seaman, European, æt. 35. Three weeks previously cut himself shaving at sea. On under-surface of chin was a narrowly oval ulcer 1½-in. long; steep sides, sticky yellow secretion, and tissues around red and oedematous. Chancre and rash eleven years before. No scar on genital region detected. Wassermann positive ++. Letter from ship's surgeon recounted accident with razor and that under antiseptic dressings "it had never healed." There was quick healing under anti-syphilitic treatment.

(4) Docker, European, æt. 56. Sat suddenly and heavily down on to his hook; 2-in. deep punctured wound of the left buttock; no healing. Two months later it showed all the characteristic features of gumma.

Wassermann positive ++, and steady healing under anti-syphilitic treatment. Chancre denied; definite scar on glans penis accounted for by patient. Many years ago he had dropped a burning cigarette end there—"you know, doctor." Of course the doctor's primitive sympathy must render unavoidable the induction in him of some part of his patient's emotion; all the same the frequent readiness of the V.D. patient to assume openly, as quite in the natural order of things, that the doctor has had objective experiences as well, like to the patient's own, is embarrassing.

(5) Seaman, negro, æt. 50. Ship's surgeon wrote that side of patient's neck had been caught by running rope, causing severe abrasion of skin. After four weeks of antiseptic treatment and a further two weeks of dry dressings only "it had never healed, but was now worse." Diagonally across right side of neck lay a row of five rupial lesions, $\frac{1}{4}$ to $\frac{1}{2}$ in. diameter. After removal of the limpet-shell-like scabs, the juice from lesion showed, microscopically, many *Sp. pallidum*. Wassermann positive ++. Much pitted and scarred penis. First chancre acquired thirty-five years before; had never noticed rash. Most of the chancres treated assiduously by different stewards with caustic. Rapid healing of neck ulcers under anti-syphilitic treatment.

(6) Seaman, Chinaman, "aged." Letter from ship's surgeon said: Patient had fallen out with another Chinaman, the cook's mate, who had thrown boiling water on him, scalding left groin, penis, left scrotum and upper inner region of left thigh. After the blister stage had passed "it had never healed properly, and now looked as if it were some ? skin fungus infection." On prepuce, left groin, left scrotum and over left Scarpa's triangle was a dull red, ring-mottled smooth area. At the festooned outer edges were scaly nodules connected by raised scaly ridge. Scrapings from edges revealed no fungus microscopically, but fairly numerous *Sp. pallidum*. Wassermann positive ++. No frænum, but definite scar on site of frænum.

Rapid disappearance of lesion under anti-syphilitic treatment.

(7) European officer, æt. 32, before proceeding to India was given by the writer anti-typhoid inoculations. The second into the right deltoid—a larger dose—produced a more severe local reaction than the first into the left deltoid; in fact the second "never healed." Five weeks later the outer surface of the right deltoid presented a tumour, hen's egg size and shape, dull red and painless, softer in centre and redder, but not fluctuating—continuous with skin and underlying muscle. No fever; patient was quite sure that "it had grown steadily from and right after the inoculation," and (?) artlessly wondered "whether the needle had been dirty." Wassermann

positive ++. He then confessed to "a touch" four years previously. This, one gathered, had been a small hard papule, which "never broke," behind the corona glandis. No scar to be detected; rash denied. Puncture of tumour and inoculation of juice into broth and on agar produced no bacterial growth.

The tumour rapidly disappeared under anti-syphilitic treatment.

(8) The writer, during the war, served with the R.N. Expedition, Lake Tanganyika. Several of the men suffered from crops of painful itching boils, out of which crept or were expressed maggots (? *Cordylobia* sp.). These seasonal adjuncts to Central African life were regarded with peculiar horror. After the first enemy gunboat had been brought to action and forced to haul down her flag, one of the R.N. ratings was observed, soon after the action, standing on the deck of the prize, in the capture of which he had played a distinguished part.

The killed around his feet, silence and dancing glitter from the lake, and a stench of lyddite and spattered human tissues. For minutes his great frame stooped and motionless; his face drawn, with deep-set gazing eyes—a model for Rodin. Then slowly and thoughtfully he picked his way toward the writer, who, himself, was feeling very much what our daughters at school to-day call "soppy." Surely now, one thought, this storm-tried mariner would show, Disko-Masterman-Ready-like, that he knew what the judgments meant. But, saluting and pulling up his shirt, and turning his back, all that came was: "Doctor, sir, is one of them maggots in my back?" One of them was. From a very small boil between the scapulæ a very young maggot was pressed out. Six weeks later, in spite of dressings, this boil had become an obvious, larger gumma. Inquiry revealed that infection with syphilis had occurred eighteen years previously. The lesion healed rapidly under anti-syphilitic treatment.

(9) A traveller who had ranged the Andes consulted the writer for Llama bite that "had never healed." Examination discovered three typical confluent skin gummata arranged in slight crescent on left upper arm. The patient was positive the lesions occupied the exact spots where the llama teeth had broken the skin five months previously. He feared that he had thereby been infected with llama pox, a sort of syphilis—indeed some said syphilis itself—from which these beasts suffered, and often, by their saliva, transmitted to men. (This, apparently, is true.) It is only polite, anyhow at the start, to acquiesce in one's patient's own diagnosis. However, the bionomics of llama pox proved in this case to be, perhaps, beside the point. For further, tactful examination disclosed the usual traveller's puckered groin and hardly less usual scar on the penis. Thirty years before there had

been an ulcer there—the result, so one was told, of a gadfly sting. After all, one heard, Travellers in the Waste Places cannot avoid doing some things *al fresco*. Later a “blood rash” had appeared, of which he had been cured by Amerindian medicine, and by bathing in some high medicinal spring in the Cordilleras.

Besides the llama bites he suffered from aortitis, and had already experienced several attacks, after undue exertion, of severe pain, starting under the left clavicle and running down the left arm.

Wassermann positive ++. Under anti-syphilitic (very cautious) treatment the arm lesions quickly healed. He discontinued treatment. Eighteen months later his death from anginal heart attack was reported.

(10) All of the foregoing history should not be thought to lack, entirely, verisimilitude, for the writer was shown, in the Gold Coast Colony, by a European patient, a large wheal with bleeding puncture at apex, situated on skin of penis just proximal to the coronal ridge. A few minutes previously the patient had been stung there by a “mangrove” (gad) fly (*Chrysops sp.*). Six weeks later there was still present a rather painful red lump on the site of the sting. This lump never disappeared, and four months later, now in London, the writer found it had broken down, to become an obvious gumma.

Wassermann positive ++, and quick healing under anti-syphilitic treatment. Six years before chancre and rash; no scar on penis.

(11) Patient, æt. 29; nine weeks before jambed finger in taxi door. At the time much bruising. The finger had become inflamed, and this inflammation “had never healed.”

Terminal phalanx of left index finger was thickened, dull red, glazed, pitting on pressure and slightly painful on moving. Wassermann positive ++. No scar on genital region. Patient (painter and poet) had been infected as the result of a very troublous affair when 19 years old—there had been rash and ulcerated throat before treatment was begun. Treatment had been practically trivial. There had been three attacks of slight angina. As he told the story of his infection his excitement grew to a frenzy, cut short suddenly by a living portrayal of the terror, clammy paleness, and almost breathless immobility of the only attack of angina pectoris the writer has yet witnessed. The paroxysm was barely over when, with a wry humour, the patient said: “Now you know the truth; I could never think of her without pain in my heart.” Under very cautious anti-syphilitic treatment the finger rapidly returned to normal condition. He died two years later, one heard, from a heart attack.

(12) A sea officer, æt. 39, was found to have a shilling-sized hard chancre with unbroken surface, situated at end

of long prepuce. After pricking, the juice from chancre revealed microscopically *Sp. pallidum*. Wassermann negative. No other signs of syphilis, except for a large rubbery gland in left groin. (The writer has not yet found syphilitic glands to be hard or shotty.) There was but a short portion left of his leave; treatment was therefore pressed. After two injections Wassermann still negative. Ten days after first examination, during which time he had received four injections of arsenobenzol and four of mercury, circumcision was performed. He rejoined his ship ten days later, and by then had received 2.85 gm. of arsenobenzol and 7 gr. of mercury. The stitches were out, and healing by first intention had occurred except at right side of frænum and at a spot on the dorsum. Gland in groin still large. The third Wassermann, after last but one injection, was still negative. Sections of the chancre cut and stained (Levaditi) showed no *Sp. pallidum*, while the control section of congenital syphilitic liver stained at the same time and by the same process revealed many spirochetes.

Eight weeks later the patient returned. The wound “had never healed.” Surgeon of ship wrote that patient had been dressed daily and had not left his ship at all during interval. Since it was a warship, one may take it, as patient asserted, that no fresh exposure to infection had occurred.

Examination discovered a hard, heaped-up ulcer on the site of the unhealed area by frænum and also on that on the dorsum. *Sp. pallidum* found easily in both. Wassermann positive ++. No other signs except large glands, now in both groins. One regrets that the large gland in the left groin had not been aspirated and the juice examined at the end of the first course of injections. It was probably the source of the clinical relapse.

A HOUSE-SURGEON'S MENTAL NOTES.

AMONG all the influences which go to the making of a Bart.'s H.S. there is one which stands out above all others; it is responsibility.

The consciousness of his own responsibility is perhaps the first feeling in the mind of the new H.S., and immediately it makes itself felt, his outlook on his work becomes new, the importance of his knowing his job startles him, and he mops up knowledge greedily.

Responsibility, it is said, makes a man; it certainly makes house-surgeons.

To find someone to lean upon when faced with a difficult problem, to shelve the responsibility for deciding definitely on a single course of action, is to lose a golden

opportunity. How often does the question arise as to whether or not to have one's Chief down in the middle of the night?

The thought of one's discomfiture if he is called down for a "dud" (e. g. a medical condition) or of one's pleasure on his agreeing with the diagnosis equally stimulate one to do one's best.

It is comforting to have a second opinion before telephoning for him; but how much is self-confidence consolidated by acting on one's own initiative!

The "committee-meeting" diagnosis is easy in the making; but in the writer's opinion less accurate than that of the single mind, and to the self-respect of the H.S. disastrous.

To leave a patient lying on a couch for many minutes while making up one's mind does not make decision on what to do any the easier, and it is the first step towards the "committee-meeting" method. It may even be that it is only after excluding every medical and special department ailment that the H.S. feels bound to accept the case because there is no one else to take it. The length of time patients are kept waiting varies inversely with the efficiency of the H.S.

Is there any spur to do one's best so keen as the feeling that one is solely responsible for deciding whether a patient needs immediate admission to hospital, or whether he can go home with a bottle of medicine?

Is there anything so thrilling as treading the narrow ledge between intussusception on one side and enteritis on the other, and deciding on which side of the ledge to come down?

Another outstanding influence in the making of a Bart.'s H.S. is experience, especially his own personal experience of cases under his care.

In one short year this experience may be very considerable, and when to it is added the lessons learnt from the tales told by his colleagues, and the wise sayings of ward sisters, the sum total makes him conversant with the principles of surgery and perhaps confident enough to practise it.

The ignominy of a mistake made, or the thrill of an error just avoided, inculcate their lessons more surely than any other teachers.

Experiences which teach are worth writing down and keeping. Therefore a record of interesting cases is a valuable store of experience from which a man may learn, not once only but repeatedly, and not the least instructive part of such a record is that which contains the history of the patient after he has left hospital.

Keep a card-index of interesting cases and follow them up. In this way is experience invaluable to oneself amassed, and at some time it may even prove valuable to others.

The third influence moulding the H.S. is that of the sisters in his wards. Happy is the man whose ward-sisters know their job, and can put him on the road to understanding and coping with the human side of sick people and their troubles.

Here, in practical clinical treatment, is a part of training found in no text-book, and yet a part which he will afterwards find to be second in importance to diagnosis only. By his ability to treat his private patients with that tact and sympathy with which sisters, by long experience and constant care, have learned to treat cases in their wards, the reputation of a young surgeon may stand or fall.

One learns much from sisters. Be slow to criticise and change their methods. Their experience is truly vast, yours is as nothing; learn, therefore, and be thankful that you are not yet alone in private practice. One gets many useful tips from nurses. Their training is more clinical and less academic than yours. Their services are usually much more appreciated by the patient than yours; therefore learn their methods, that your private patients may appreciate you. The time may come when you yourself are nurse, sister, H.S. and surgeon all in one.

Dressers may be divided into four classes:

- (1) Learned and useful.
- (2) Learned but useless.
- (3) Ignorant but useful.
- (4) Ignorant and useless.

Cultivate and encourage 1 and 3; but protect the patients from 2 and 4.

The enviable reputation which this Hospital holds in the minds of the lay public is something of which all Bart.'s men are proud, and it is due in no small measure to the chivalrous treatment of patients by many a generation of House men. Waiting, often for hours, is an inevitable accompaniment of hospital treatment; but many hours of unnecessary waiting and disappointment could be saved by a little thought on the part of the house man in charge.

Remember that however great the mental satisfaction to yourself may be in a skilful diagnosis of an obscure case, the relatives will not easily understand your elation if it is apparent in your manner while telling them that the patient's case is hopeless.

When a man writes a text-book he describes typical cases. Among patients coming to you for diagnosis there are excessively few typical cases. Medicine, and surgery too, are not so easy as that. Very large numbers of the patients you see do not represent what the physicians call "clinical entities," and their ailments come under no heading in the text-books.

It is disappointing at first that the interesting case is

so long in coming. Take heed lest it have already been "snagged" by you on to the H.P.D., only to return in due course with the correct *surgical* diagnosis suggested politely.

"Spot diagnosis may be magnificent; but it is not diagnosis."

Despise not the clinician who takes pains; respect the man who applies his whole ability to each case: remember the hare and the tortoise.

"A physical sign is of more value than many symptoms," but to rely on one physical sign for a diagnosis is to court defeat. In other words, pathognomonic signs are very rare.

The common condition is not always the correct one to diagnose, but it is *ALMOST* always so.

Given an "acute abdomen," the *cause* is diagnosed from the history rather than the physical signs.

In this connection the taking of a history is a fine art. Scribbled hieroglyphics like "Shivering, vomiting ++, pain in side, B.N.O. P.O., D/N = 3/4," indicate a very hazy idea of what actually happened to the patient whose history they purport to be.

The *sine qua non* of history-taking is the visualizing exactly of each symptom with precise time and date from the onset till the moment the patient is seen.

Feel at the end of taking the history as if you had had all the symptoms yourself, even if the diagnosis prove to be—twisted ovarian!

A MORNING SPENT AT THE SURGICAL CLINIC OF PROF. F. DE QUERVAIN AT BERNE.

By ALEX. E. ROCHE, M.B., B.Ch.(Cantab.).

THE Polyclinic Inselspital is reached *via* a shady side-street on the outskirts of the beautiful and leafy city of Berne, from which one sees the pleasant green of the surrounding hilly and wooded country. The Professor commenced to demonstrate to a mixed class of men and women at 8.20 a.m. in a handsome semi-circular lecture theatre, partially roofed with glass, which an arrangement of sliding curtains could rapidly plunge into darkness for the purpose of throwing pictures on the screen. The first patient was a man of about thirty, the subject of the sufficiently rare condition of hydatid cyst in the region of the Sylvian aqueduct, where X-rays had shown an obstruction to the downward passage of intraventricular gas. The reaction to Wassermann's test was negative, the only positive clue to the nature of the tumour which a very

fragmentary knowledge of German allowed to be gathered being the magic word "eosinophilia." The other patients, all men, were good illustrations of tumours of bone, the first being a large exostosis of the lower part of the right femur, the second a sarcoma of the upper part of the right tibia, and the third a recurrent mass in the left thigh, presumably sarcomatous. A radiogram of the chest of the second patient showed extensive secondary deposits in both lungs.

At 9.30 operations were commenced, two tables being in simultaneous use. The first case operated upon by the Professor was one of recurrent goitre in a woman. The second was a man of about sixty who had had an epithelioma removed from the floor of the mouth without local recurrence, but with irremovable recurrence in the right side of the neck, leading to severe neuralgia in the ear, cheek and neck. Through an incision along the posterior border of the sternomastoid the cervical plexus was exposed, cystic epitheliomatous glands being opened in the process. The roots of the second and third cervical nerves were grasped and twisted away from the spinal cord and their distal connections, and the loop between the third and fourth cervical nerves was also destroyed. The nerves were seen to be embedded in neoplastic tunnels, which had grown along them as far as the intervertebral foramina. The operation was commenced under local anæsthesia; but, on touching the nerves, more novocaine was required, and finally, this proving insufficient, general anæsthesia, of which sparing use seems to be made at the Clinic. The last operation was for hypospadias in a subject aged twenty. A small curved transverse incision was made just proximal to the urethral opening at the proximal margin of the glans, and the catheterized urethra dissected out for about three-quarters of an inch, and brought out through a stab wound at the apex of the glans, the edges of the mucous membrane being stitched to those of the skin, and the former wound sewn up. This, I was told, was Beck's operation. In this case, the adrenalin having been accidentally omitted from the local anæsthesia, its effects soon wore off, and more novocaine was applied, but with little result, and in the end, resort, perhaps somewhat tardy, had to be made to general anæsthesia.

After lunch at his house, to which the Professor had very kindly invited me, I saw some photographs of tadpoles which had been fed on different varieties of thyroid. One rather interesting result of these experiments was to show that the thyroid of cretins is not inactive, tadpoles fed on it showing more rapid development of the legs than otherwise.

Prof. de Quervain is in the prime of life, very alert, and appears, in bewildering fashion, to have the details of the achievements of international surgeons

at his fingers' ends. He is also very kind and unaffected, and his eyes gleam with the humour which flashes through his admirable book on *Clinical Surgical Diagnosis*. Those who have enjoyed its pages will have revelled in that wonderful passage—no isolated example—which is surely not unworthy to stand beside those of Gibbon, and which, as nearly as memory recalls, reads as follows: "An aged grandmother consulted us for a unilateral purulent nasal discharge, occasionally containing shreds of bone. Her history told of several miscarriages and children born dead. Iodide of potassium worked wonders. We shared her pleasure at the result, but refrained from telling her that it was a reminder of her late husband, whose portrait smiled down at us discreetly from the wall."

A HOLIDAY IN HOSPITAL.

AFTER a procrastination of some twenty-five years, I decided to trust myself to the surgeon's tender mercies. One cherishes a "natural" horror for surgeons and an instinctive mistrust of their tender mercies; yet knowing that my case of necessity required one, how could I hesitate? So I surrendered, and the event amply justified my faith. But healing depends not merely on surgical skill—the *corpus sanum* postulates a *mens sana*; and it is these subtle psychological conditions, which I found in St. Bartholomew's Hospital, that made the fortnight following my operation a holiday.

The early summer sun shone, as it seldom does in London, lighting up the green walls, the white ceiling, the polished floor, the pink counterpanes on the beds, the flowers in their vases. From outside came the chirping of sparrows and the cooing of pigeons, with, every now and then, the dreamy plashing of a fountain. It was hard to realize that a stone's throw off lay Smithfield Market, hideous with "the bustle of butchers and the rattle of vehicles." I knew that such things existed, because I read of them in Mr. J. Ivo Ball's excellent little *Story of St. Bartholomew's Hospital*. But the knowledge, far from disturbing, rather accentuated the sense of tranquillity that pervaded my immediate environment.

Let me dwell a little on the most memorable feature in the whole scene—the one that gave meaning to the scene—the nurse. I use the term generically. It stands for the embodiment of a quality new to my experience. We ordinary folk, however nice we may try to be to everybody, are inevitably influenced by particular likes and dislikes. Our benevolence is a matter

of sentiment, and depends to a great degree on the personality of the recipient. Not so with the nurse. You see that her good offices come from no regard for you as yourself, but purely for you as a sufferer. She was the same to the man who preceded you, and will be the same to the man who will follow you. She has neither predilections nor aversions. She arrives and she departs, as does the sun, with a "Good-morning, everybody"—"Good-night, everybody." In that *everybody* lies the essence of her all-embracing, matter-of-fact charity—a virtue which, impersonal without being mechanical, seems to combine the efficiency of education with the spontaneity of nature, and this I had to go to St. Bartholomew's to discover. The discovery, I think, was well worth a surgical operation.

Something of this universal goodwill seemed to communicate itself to the patients. There were a dozen of them in our division of the ward—men of various kinds, blown together from various quarters, to be scattered again. Yet, for the time being, they became fused into a happy family.

Listen, gentle reader, and shudder in sympathy: Breakfast at 6! Had it happened only once it would have been a grievance. But as the day never dawned in which this unholy element did not work, I came to look upon it as a normal, matutinal mortification. Another cruelty to which I could never resign myself arose from the excessive passion for tidiness. As I submitted to being tucked in, on an average ten times a minute, I could not help reflecting, with infinite bitterness of spirit, that the art of making one comfortable had in this particular ward reached a most undesirable state of perfection.

However, even these positive trials—not to mention negative prohibitions and restrictions that forced one to ask in despair, "What has become of my liberties?"—had their educational value. They gave me some idea of prison-life—an idea which became particularly vivid when I heard myself referred to as "6." It was thrilling to find oneself suddenly elevated to the dignity of a number, after having been all one's life a cipher.

Do not charge me with egotism and vanity, if I set down another occasion on which I experienced the thrill of transition from insignificance to importance. The Surgeon-in-Chief made a point of visiting our ward at intervals, attended by a troop of students. He paused at each bed, lecturing on the character and treatment of the case with a lucidity which brought comprehension even to the lay mind. In due course came my turn. I lay quiet, intensely interested in his discourse; and as I listened it was borne in upon me that I was no ordinary case, but the vilest of its kind the eminent practitioner had ever dealt with in the whole of his

extensive practice—a distinction, you will grant, and the more gratifying because largely due to my own long and steadfast procrastination.

So a fortnight passed—moments of rebellion against the tyrannical discipline notwithstanding—most pleasantly. Never had I slept so soundly or eaten so hungrily. Never had I enjoyed such absolute rest for body and mind. Even when bodily vigour began to return, there still remained a mental vacuity, which enabled me to appreciate why in certain languages “blessed” is a synonym for “half-witted.” A blessed existence, indeed, in which nothing concerning you is your concern. Everything is done for you. All *you* have to do is to be ill. I am not sure that I should care for such beatitude as a permanent condition. But as an interlude it had its charm. The memory of it is a possession for ever; when I want to recapture the sense of tranquillity, I need but turn in spirit from the roar and clatter of the world to the cloistered, kindly calm of a ward in St. Bartholomew's.

G. F. A.

A CASE OF SUPRARENAL ADENOMA.

By N. L. CAPENER, M.R.C.S., L.R.C.P.

PRI-MARY tumours of the suprarenal gland are sufficiently rare to warrant the recording of the following case, which has been under treatment during the past year in this Hospital.

Apparently adenomas of the suprarenal, although benign in appearance on removal, tend to recur and to take on malignant characters.

Apart from the pathology and the rarity of the condition, the following case is of interest on account of the size of the tumour and the difficulty of its removal, and also from the point of view of diagnosis.

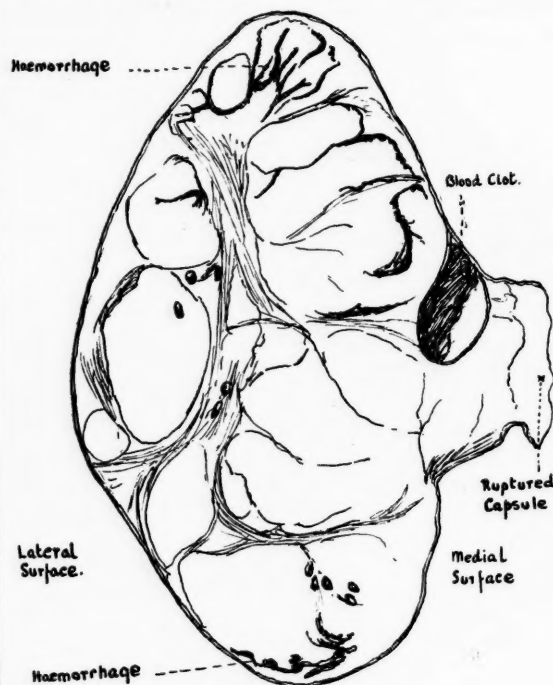
G. P. B—, No. 24975, male, æt. 55, inspector of advertisements, admitted November 28th, 1923, complaining of pain and swelling in the left upper abdomen.

History.—For over a year he had felt unwell, being treated for “gastric catarrh.” For five months before admission he had repeated attacks of pain in the left side of the chest, which was thought to be due to pleurisy. The pain was dull aching in character and seemed to commence just below the tip of the left ninth costal cartilage and extended upwards over the lower portion of the left side of the chest. There was no radiation of pain to the left post-renal angle nor to the left groin or testicle. The pain was worse on exertion, relieved by lying down and was unrelated to meals.

On micturition there was no pain, increased frequency or difficulty, and the urine was always normal in appearance. The patient complained that he had become very weak, having lost weight to the extent of 14 lb. during the last year. He had anorexia, nausea and flatulence, but otherwise no gastric, intestinal or renal symptoms.

One week before admission he “caught a chill,” and it was during examination then that an abdominal swelling was first noticed.

Condition on admission.—The patient was a thin, ill-looking man, but was of optimistic temperament.



CUT SURFACE OF TUMOUR.

(Reduced to rather less than one quarter actual size.)

Apyrexial. Pupil reflexes normal. Tongue clean and moist; no dental sepsis.

There was no enlargement in connection with cervical, axillary or inguinal lymphatics.

Chest.—Moist râles at bases of both lungs. Heart normal.

Abdomen.—There was an obvious swelling in the left upper abdomen extending up under the left costal margin down to 1 in. below the umbilicus, in front to the mid-line and at the back into the loin. The swelling moved downwards an inch or so on inspiration. The skin over the swelling looked normal, but it was definitely hyperæsthetic. The tumour was irregularly

globular, almost reniform, having no sharp anterior margin, and was firm and elastic in consistence. It was felt to be deeply seated in the abdomen, and on percussion extended up to the level of the sixth rib in the mid-axillary line. Over the front of the swelling there was a resonant note, continuous with the stomach note; below it was the tympanitic note of the colon. The right kidney could not be palpated. The liver was not enlarged, and there was no ascites. The rectum, prostate and external genitalia appeared normal.

Urine.—Faintly turbid, sp. gr. 1020, acid; mild B.C.C. infection. No blood or pus.

Cystoscopy.—No evidence of cystitis. There was obstruction to the passage of ureteric catheters up the left ureter at 5 in.

On abdominal examination under anæsthetic it was thought that the swelling, which extended right back into the left loin and could be palpated in the left post-renal angle, was a cystic swelling.

Skidiagrams of the genito-urinary tract showed no evidence of renal or other calculus. The left kidney shadow was enlarged, extending down to the level of the upper border of the fourth lumbar vertebra.

Renal function tests.—Normal.

White blood-count.—7200.

Diagnosis was of a left renal cystic "tumour," and it was thought that it was probably a large left hydro-nephrosis due to obstruction to the left ureter.

Operation, December 7th, 1923, by Mr. Girling Ball: A long left lumbar incision was made as for nephrectomy, the muscles being divided in the line of the skin incision. In the position of the left kidney there was found a large solid retro-peritoneal tumour, which was highly vascular, having enormous veins coursing over its surface. The left kidney was identified lying below the lower pole of the tumour and unattached to it. The left suprarenal body was not seen. The incision was enlarged and the parietal peritoneum stripped forwards. Large blood-vessels passing to the tumour from all directions were clamped and divided. Owing to adhesions difficulty was experienced in separating the mass from the left dome of the diaphragm and medially from the pancreas and duodenum. During this part of the operation there was very free hæmorrhage. At one point in the removal of the tumour its capsule burst and a small quantity of encephaloid material exuded. The area of operation was drained through the upper end of the wound, which was otherwise closed.

Following the operation the patient suffered from profound shock; he was given an intravenous blood transfusion and usual anti-shock treatment. The subsequent progress was uneventful but slow. The upper end of the wound took a long time to close completely;

it was, however, healed on discharge, January 3rd, 1924.

Description of part removed (specimen in Museum).—

(a) *Macroscopic.*—The tumour measured 9 in. by 5 in., with greatest circumference of about 22 in.; it was divided into two portions, the main mass ovoid in shape and having on its medial aspect a globular projection about 2 in. in diameter. The capsule of the latter portion was ruptured during removal.

There is a thick, smooth fibrous capsule, ramifying in which are numerous large blood-vessels. The cut surface of the tumour shows it to be roughly divided into lobes by bands of fibrous tissue. The lobes are composed of soft material resembling brain-tissue, with areas pigmented a darker greyish-brown colour. Dispersed throughout the tumour are numerous small hæmorrhagic spots.

(b) *Microscopic* (report by Sir Bernard Spilsbury).—"The tumour consists of fairly large and deeply staining cells arranged in solid columns, separated by a little supporting tissue and thin-walled blood-vessels. These areas resemble the zona fasciculata of the normal suprarenal cortex. In some parts of the growth the arrangement is a looser one, and spaces which resemble glandular spaces are present; some of them are occupied by blood. The tumour-cells are not vacuolated and the tumour appears to be encapsulated. The structure is that of a tumour of the suprarenal cortex, and the growth appears to be an adenoma rather than a carcinoma. Tumours of this type are liable to develop into carcinomata even if adenomata at first."

The patient was seen six weeks after leaving and was looking and feeling extremely well and happy. He had gained two stones in weight since discharge from Hospital.

He has been seen again seven months after discharge; he is quite fit and there are no signs of recurrence.

I am indebted to Mr. Girling Ball for permission to publish this case.

A CASE OF MECKEL'S DIVERTICULUM.

THE embryonic vitelline duct persists in about 2 per cent. of adults as a Meckel's diverticulum, which consists usually of a tubular projection, an inch or two in length, free at its extremity. The following case deserves note owing to the fact that intestinal obstruction resulted from a diverticulum attached to the umbilicus.

On June 14th, 1924, W. P—, æt. 13, a schoolboy,

was admitted to the Royal Infirmary, Sunderland, with a complaint of severe abdominal pains. His history was as follows:

Five days before admission he was seized with a spasm of abdominal pain at midnight, which wakened him. Later, vomiting commenced and continued through the night. On the succeeding day his bowels were open, but after this neither fæces nor flatus were passed. The patient vomited each day until admission, the vomitus never becoming fæculent in character, whilst the pain, which he described as being "across the bowels," *i. e.* round the umbilicus, became more intense and more constant.

There was no history of previous similar attacks nor of any recent loss of weight.

On admission his temperature was 97.8° F., his pulse 94. The tongue was moist and an examination of his abdomen showed marked distension, especially in the epigastric region, with prominent veins on either side of the umbilicus. There was abdominal tenderness, but it was generalized and not pronounced. Signs were present of free fluid in the peritoneal cavity. No herniæ were found in the usual situations, and *per rectum*, the anterior wall of the bowel above the prostate was bulged inwards.

A turpentine enema was given, with a "poor" result.

The whole picture suggested an attack of intestinal obstruction resulting from some intra-abdominal condition. The boy's facies seemed to indicate the tubercle bacillus as a possible causative agent, but no definite evidence existed to support that view.

Laparotomy was performed through a right paramedian incision 3½ in. long, with its centre opposite the umbilicus. On opening up the peritoneum free fluid of a serous nature escaped and distended coils of jejunum presented themselves. On returning these within the abdomen a large loop of distended ileum was found twisted on itself and kinked over a Meckel's diverticulum, which was attached 3 ft. from the ileocolic junction, and which possessed a lumen patent up to the umbilicus. A well-marked constriction ring was found half an inch above the origin of the diverticulum. Running down from the umbilicus towards the apex of the bladder was a fold of peritoneum containing a large vein, and the lateral folds of peritoneum forming mesenteries of the obliterated hypogastric arteries were especially well marked.

The diverticulum was divided between clamps and the stump buried in the ileum. The umbilical extremity was detached and the peritoneal margins united, the abdominal wound being then closed.

Vomiting ceased immediately after the operation and the bowels acted on the following day. An uninter-

rupted recovery ensued, and the patient, feeling in good health, was discharged from hospital three weeks later.

My thanks are due to Dr. Hamilton Ross for his kind permission in allowing me to publish the details of this case.
E. J. B.

A SAD STORY WITH A MORAL.

BEHOLD, my friends, the fate that falls to
overweening pride,

And learn a lesson from the tale of Angus
James MacBride.

Though he was quite a clever lad, well versed in Pharmacology,

Anæsthetics, metaphysics, and even some pathology;
His cases he would not examine, his head was far too swollen.

Either to palpate the spleen, or percuss the transverse colon.

But at last there came a day, when, as with poor old Sisera,

"The stars fought in their courses," by means of transposed viscera.

A Friday afternoon it was, the time I have in question,
When Angus James read out a case, who complained of indigestion.

"Her name is Mrs. Martha Jones, scrubbing's her vocation;

"Her eyes react to light quite well, and to accommodation.

"Mouth—mucous membrane rather pale; her teeth are not infected;

"The tongue is moist and slightly furred; her tonsils are injected.

"Neck—no glands are palpable. Chest and lungs—there's *nil* A.D.,

"No *râles* or crepitations, or whispering pectoriloquee.

"Abdo. moves on respiration, I've mapped the liver dulness;

"Heart fifth left intercostal space, though the beat's inclined to fulness."

At this his chief expressed surprise: "What's this!
Good heavens! durn yer!

"Her heart beat's on the right, sir; she's a diaphragmatic hernia."

* * *

Now from this tale a moral take, be ye clerk or dresser,
And never tell a lie that's big, if you can find a lesser;
And if you haven't seen your case, even though you're clever,


Your chief may often find it out, in spite your best endeavour.

Yet if at all you should forget that "*ἰβρις*" leads to Nemesis,
Remember James MacBride and his case of hæmatemesis.
D. McL. J.

NOTES ON GENERAL PRACTICE.

MIDWIFERY.

THE MIDWIFERY BAG.

XPERIENCE during a fair number of years in general practice has convinced me that the following contents are sufficient for all general purposes, and that their number is irreducible:

Bottles :

Extractum ergotæ liquidum.
Tinctura opii.
Tinctura iodi.
Chloroform.

Tablets of hydrargyri-perchloridum.
Pituitary extract in $\frac{1}{2}$ c.c. vials.
Hypodermic syringe—I c.c. capacity.
Nail-brush, antiseptic soap, gloves.

Sterilizer containing—

Short-handled forceps.
Uterine douche.
Spencer-Wells forceps, 2.
Dressing forceps.
Scissors, straight and curved.
Needle, Charlotte's type, 1.
Catgut sutures—20-day strength.

One small packet of compressed sterilized gauze, plain.

One small packet of compressed sterilized wool.

Short-handled forceps.—The shank of the usual type of axis traction forceps is, in my opinion, much longer than is necessary. This part of the instrument needs only to be sufficiently long to enable an adequate fixation screw to be fitted. By using forceps with shanks about one-third of the usual length I can use a much smaller sterilizer, and consequently a smaller and less cumbersome midwifery bag.

THE USE OF PITUITRIN.

I have not forgotten the stern warning I received as a student against telling an examiner that I would use pituitary extract in the second stage of labour.

In the case of elderly multipara with a very adequate birth-canal I have often used pituitrin in a prolonged second stage, with most pleasing results. Only last week I had waited for three hours in a cottage with the mother worrying me incessantly for chloroform, while

her "eleventh" showed not the least sign of advancing from his uterine home. I gave $\frac{1}{2}$ c.c. of pituitrin into the buttock, and in three minutes one huge pain satisfactorily finished the business.

POST-PARTUM HÆMORRHAGE.

I have never had a case of post-partum hæmorrhage sufficiently severe to call for treatment except after chloroform anæsthesia and forceps delivery. In these cases I have not used a uterine douche. I dip a swab in the water in which my forceps were boiled (invariably burning my own fingers), and push the swab into the vagina. I have always found this satisfactory, and much quicker than fiddling with a douche-can.

THE VERNACULAR.

During my first week in general practice my greatest shock was received from a woman whose little daughter I had just examined. The woman began: "Oh, Doctor, I wants to talk to yer about meself—all me blood's turned to water." I hope she interpreted my facial expression during the next fifteen seconds as one of sympathy for her sad plight! Hers was a condition, I felt sure, with which I was not acquainted. But suddenly light dawned. This figure of speech, I discovered, was a quaint euphuism to describe the onset of the menopause.

A practitioner from the Isle of Wight sends the following letter:

DEAR SIR,—I was much interested in your article, "A Day in the Life of a G.P." He appears by the way to be pretty free with morphia.

We country G.P.s. have indeed much to contend with. On Tuesday week I was called to a primipara at a neighbouring village, a woman, not a trained nurse, being in charge. Eventually I used Neville's axis traction forceps (this, by the light of a solitary candle, reminded me of the burial of Sir John Moore or a picture of Hogarth's). While putting in two sutures "nurse" fainted and the patient held the candle. Talk about the boys of the bulldog breed! Patient did well; sutures removed and a perfectly sound perinæum.

Again, having prescribed for a fisherman, before leaving I told him to get a bottle of liquid paraffin. The following day I found he had been given a portion of the contents of a disused paraffin oil lamp containing dirt, verdigris, etc. I asked his wife why she didn't give him a yard of wick and turn him into a "red" lamp. No evil results followed.

Snails, the common or garden variety (shells being removed), applied to an inflamed heel did not appeal to me as a therapeutic measure. A key, $\frac{1}{2}$ in. long, tied in a handkerchief applied to the neck failed to stop severe epistaxis.

Yours truly,
K.

A NOTE ON HYPODERMIC MEDICATION.

W. H. M. sends the following notes on hypodermic medication:

Truly what a lot of silly mistakes are possible! I confess I have made them. *Quorum pars magna fui!*

1. The needle may be broken into the skin and need to be hunted for.
2. The lumen of the only needle is found, at the end of a long journey, incurably blocked.
3. Being partly blocked some of the solution runs out at the needle-barrel junction. I know of a case where the doctor thinking patient had got none, proceeded to give more, with a nearly fatal result; and another where the poor soul got none.
4. The piston doesn't fit—with similar results.
5. The apparatus, skin, operator, all or separately, are septic. A boil is the usual result. Worse possibilities.
6. The glass barrel breaks from too much heating.
7. A blunt needle leaves a painful scar and much upsets a heart case.
8. A nasty hæmatoma may result from a clumsy injection.
9. The operator muddles his tablets and is uncertain what he has given.
10. If he use lysol he may cause a nasty slough, and a disinfectant may spoil the solution.

My method is to keep the needles rinsed out and put away with pure lysol in them. This obviates boiling and doesn't blunt. When to be used a wash backwards and forwards with ordinary clean water leaves no disinfectant inside. I then suck up from a spoon as much fluid as I intend to inject. In this I dissolve my carefully selected and handled tablet (a clean tooth-pick wrapped in a piece of sterilized gauze does best). I then, having injected horizontally and slowly, re-wash the apparatus and suck in sufficient lysol. I generally dab on the skin before and after some Friar's balsam—iodine or picric acid if a modern nurse is critically regarding me.

Much depends on environment. We are known to take no precautions with impunity. This reminds me how the "habit" cases can sometimes be spotted by their little pustules on arms. Sometimes we find these people habitual and needless liars. Is it cause or effect?

STUDENTS' UNION.

MUSICAL SOCIETY.

MEETINGS have been suspended during the vacation in view of the large number of members on holiday or working for examinations. Inquiries have been made as to the date of resuming. Unless these assume proportions making it necessary to consider holding meetings before, the Society will commence its winter activities—both choral and orchestral—in the early part of September or as soon as possible before Michaelmas term begins.

R. J. BROCKLEHURST } Hon. Secs.
J. HARTSILVER }

CORRESPONDENCE.

VACCINATION.

To the Editor, 'St. Bartholomew's Hospital Journal.'

DEAR SIR,—While perusing my BART.'s JOURNAL for June my attention was suddenly arrested by the subject of the debate held in the Abernethian Room on May 1st, 1924—*That vaccination was a useless and dangerous prophylactic*. I was also interested by your concluding remarks—"That no one deemed it necessary to add anything to Dr. Lyster's admirable speech." While not attempting to offer support on this question to such an able person as Dr. Lyster, I am going to ask you to bear with me for a moment to hear of an experience I had a few months ago.

Last February I was appointed surgeon to a fairly large liner bound for Bombay. Our crew consisted, with very few exceptions, of Britishers, and numbered 380 all told. We were all medically examined before leaving. The voyage lasted nineteen days, and there was no case of serious illness among the passengers or crew during the outward journey.

Our ship lay in Bombay for two weeks and occupied a berth in a rather filthy part of the town. There was constant communication between the ship and the shore, our men penetrating to various parts of the town, and Indian visitors and workmen coming on board. Apart from the effects of a very hot climate everything went well

while in Bombay, but seven days after leaving that port on the homeward journey, I was visiting the ship's hospital when I noticed a few purplish-coloured papules on the forehead of a patient I had in hospital for a slight attack of influenza. On further examination I found more of these papules just appearing on the abdomen. To come to the point and omit details, here was a case of smallpox. The patient was immediately isolated and all necessary precautions taken. On arrival at Port Said two days afterwards my diagnosis was confirmed by the port Sanitary Authorities. The case was landed and taken to the Smallpox Hospital, and we proceeded with a vague feeling of relief, but on the eleventh day out from Bombay my attention was called to a patient who a few days previously had been treated by the dispenser for a slight chill. He was reporting to the dispensary for more medicine when I noticed a few papules on his forehead, but in this case they were confluent. Here again was another case of smallpox. He was isolated, etc., and four days later landed at Marseilles after the diagnosis had been confirmed by the Medical Officer of Health at that port. We arrived at Liverpool nineteen days after leaving Bombay, and no other case of smallpox occurred on board. I should like to mention that we carried 1600 passengers on this homeward journey, every one of whom had previously been vaccinated at least once and some on many occasions.

Here we have two cases of smallpox occurring amongst a crew of 380. On the appearance of the first case I insisted on what I believed to be the only really effective measure to prevent a spread of the disease under such circumstances, namely, a thorough and early vaccination. I made this compulsory (as far as possible) for the crew, and voluntary for the passengers. Before setting out to vaccinate the 380 members of the crew, I decided to obtain from each one a few details regarding his previous vaccination history.

After vaccinating the crew (I worked for forty-eight hours with only a short break for rest and food) I started to arrange these histories and obtained the following results:

Of the 380 histories 4 had had the disease previously, 374 had received vaccination at some period of their lives, and 2 had not been vaccinated at any period of their lives, and these were the two cases which became infected in Bombay. Every one of our crew was equally exposed to infection. The fact that these two unvaccinated cases were "picked out" by the disease can be no mere coincidence and in my opinion it forms a very good reply to those who hold "That vaccination is a useless and dangerous prophylactic."

Yours sincerely,
J. J. G.

ATHLETICS AND BART.'S.

To the Editor of the 'St. Bartholomew's Hospital Journal.'

SIR,—I am so very glad that you have in your Editorial Notes referred officially to the personal achievements of Mr. H. B. Stallard, which, with characteristic modesty, he was naturally compelled to eliminate from his most interesting article on the Eighth Olympiad.

Mr. Stallard's record is too well known to demand a detailed description, but I may be permitted just this observation: His wonderful mile in 1921 would alone confer on him athletic immortality; but he has been an A.A.A. champion in two consecutive years, and it is perhaps not generally realized what a remarkable feat this is for a medical student engaged in clinical work, one, moreover, whose academic attainments have been by no means without distinction.

The hospitals are deservedly proud of the many fine athletes they can claim, but I think I am correct in saying that, within the last 27 years, only two medical students have gained the highest honours in British athletics in the A.A.A. Championships, and that both were Bart.'s men—Mr. Stallard and Mr. T. H. Just, who won the Half-Mile in 1908.

It was almost as great a disappointment to me as it must have been to Mr. Stallard himself that he was denied the crowning of his great athletic career by an Olympic victory. This he undoubtedly would have gained but for a degree of malaise which he himself did not realise, but which was certainly obvious to me. Yet Mr. Stallard may take this comfort to himself: there was not one athlete in the whole Olympiad who made a stronger personal appeal throughout Paris, or who, on account of his bearing in victory and in defeat, did more to consolidate that international friendship for which the Olympic Games were intended.

I am, Sir,
Your obedient servant,
ADOLPHE ABRAHAMS.

UNIVERSITY OF LONDON UNION SOCIETY.

To the Editor, 'St. Bartholomew's Hospital Journal.'

SIR,—Like the writer of the letter appearing in your last issue, I feel that the article criticized must have been unwittingly inserted under the wrong heading. He is away on holiday at present, or I am sure he would himself have been willing to correct a mistake which appeared in the second part of his letter. As an ex-President of the above Society and as one present at the meeting to which he refers, I feel I can speak with some authority.

The purpose of the meeting was to consider the setting up of a Commission to investigate the Hospital and College feeling with regard to their representation *en bloc* on the University Athletic Union and University of London Union Society (the former now of thirteen years' standing, the latter of only three years'), and to report on the feasibility of compounding subscriptions to these in the ordinary Students' Union subscriptions.

Though still, I believe, part of the policy of the Athletic Union, the idea was never strongly supported by the Union Society, who consider the time for such a step lies in an extremely remote future, and who, during my term of office, very strongly endorsed a policy of "individual membership."

The above scheme rather than the Union Society was considered by the Committee of the Students' Union here, and consideration of the Union Society as such yet remains to be given.

Unexampled and unexpected progress has been made during the last year, and the completed temporary premises will include, by October next, a debating hall (floored so as to be available for dances), common lounge, men's lounge, women's lounge, dining-room, caretaker's quarters, kitchen, two offices, two committee-rooms, a library and the usual offices, the furniture including grand piano, gramophone, ping-pong table, etc.

Mr. Holdsworth feels that hospital students' interests are not catered for. I can point to the facts of the hospital membership having doubled during the past year, and four medical students (from Guy's, St. Thomas's, Charing Cross, and Bart's) being on the Union Committee—one of the most representative ever elected—as in some way negating his suggestion, which I am sure he will acknowledge is founded on opinion rather than personal experiment. Even were medical students' interests not catered for, there is quite a large body of medical and lay opinion which feels that a better service would be rendered to the public by a considerable widening of those interests beyond their present scope.

During the past year more than 250 meetings of various students' societies have been held on the Union premises; seven Cabinet or ex-Cabinet Ministers have agreed to take part in the political debates; social functions, such as dances, have been run successfully at half the usual prices (owing to the large constituency served); increasing recognition has been obtained from the Senate, Students' Union committees and other University unions, including Oxford and Cambridge.

The University of London has too long been dominated by its external graduates; surely no possible censure can attach to any efforts tending to bind together into a coherent body its present internal students; and the Senate would be expected to look with surprise at opposition to such endeavours coming from one of its 64 constituent or affiliated units.

Finally, may I express my warm gratitude to all officers of the Students' Union for their courtesy and help to me and to others, in our efforts to persuade members of this Hospital to take the leading position in Union affairs which at present lies open to them.

Yours faithfully,

H. G. ANDERSON,
(Ex-Pres. U.L.U.S.).

April 19th, 1924.

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN.

- ADAMSON, H. G., M.D., F.R.C.P. "The Pattern and Distribution of Skin Eruptions." *Clinical Journal*, June 11th, 1924.
ARKWRIGHT, J. A., M.D., B.Ch., F.R.C.P. "The Position of Rickettsia as an Aetiological Factor in Disease." *Journal of the Royal Army Medical Corps*, June, 1924.

- BOYLE, H. E. G., O.B.E., M.R.C.S., L.R.C.P., and HEWER, C. LANGTON, M.B., B.S.(Lond.). "Recent Work in Anaesthesia for Gynaecology and Obstetrics." *Journal of Obstetrics and Gynaecology of British Empire*, Summer No., 1924.
BROUGHTON-ALCOCK, W., M.B. "Case of Filariæ without Clinical Symptoms: Embryos of *F. perstans* in the Blood." *Proceedings of the Royal Society of Medicine*, May, 1924.
BROWN, W. LANGDON, M.A., M.D., F.R.C.P. "Types of Glycosuria and their Treatment." *Clinical Journal*, June 18th, 1924.
— "A Lecture on Changing Standpoints in Metabolic Diseases: Diabetes, Nephritis, Jaundice." *British Medical Journal*, June 28th, 1924.
BUTLER, T. HARRISON, M.A., M.D. "Observations on the Practical Value of the Slit-Lamp." *Ibid.*, May 31st, 1924.
CARSON, H. W., F.R.C.S. "The Early Recognition of Gastric Cancer." *Clinical Journal*, July 9th, 1924.
CHRISTOPHERSON, J. B., C.B.E., M.D., F.R.C.P. "Case of Actinomycosis of the Parotid Region, from Teheran." *Proceedings of the Royal Society of Medicine*, May, 1924.
COPELAND, A. J., M.A., M.B., D.P.H., B.Sc. "A Preliminary Report on Cocaine, Butyn, Tulocain, and other Local Anesthetics." *British Medical Journal*, July 12th, 1924.
DAVENPORT, R. CECIL, M.B., B.S., "Congenital Abnormalities." *Proceedings of the Royal Society of Medicine*, May, 1924.
DIVE, G. H., D.S.O., R.A.M.C. (and H. M. LAFRENAIS). "A Case of Deposition of the Eggs of *Hepaticoliva hepatica* in the Human Liver. With a Note on the Identity of the Eggs by W. P. MACARTHUR, R.A.M.C." *Journal of the Royal Army Medical Corps*, July, 1924.
DUNDAS-GRANT, Sir JAMES, K.B.E., M.D., F.R.C.S. "Cases of Ocular Disturbance attributed to Nasal Disease, with Recovery or Improvement following Intra-nasal Operative Measures." *Journal of Laryngology and Otology*, July, 1924.
DUNHILL, T. P., C.M.G., M.D., Ch.B., FRASER, F. R., M.D., and STOTT, A. W., M.D. "Auricular Fibrillation in Thyro-toxic Conditions." *Quarterly Journal of Medicine*, July, 1924.
DU PRÉ, W. H., M.B., B.S. "Diabetic Gangrene treated by Insulin." *British Medical Journal*, July 5th, 1924.
ELLIOT, R. H., D.Sc., M.D., F.R.C.S. "A Blinded Soldier Re-learning to See." *Ibid.*, July 5th, 1924.
EVANS, GEOFFREY, M.D., F.R.C.P. "The Essential Signs of Arterio-Sclerotic Disease. A British Medical Association Lecture." *Ibid.*, July 5th, 1924.
FRASER, FRANCIS R., M.D., See Dunhill, Fraser and Stott.
— (J. C. LEDINGHAM and F. R. F.). "Tularæmia in Man from Laboratory Infection." *Quarterly Journal of Medicine*, July, 1924.
GARDNER-MEDWIN, F. M., M.R.C.S., L.R.C.P. "The Precipitation of Crisis in the Treatment of Pneumonia." *British Medical Journal*, July 12th, 1924.
HADFIELD, GEOFFREY, M.D. (CECIL CLARKE and G. H.). "Congenital Pancreatic Disease and Infantilism." *Quarterly Journal of Medicine*, July, 1924.
HALL, ARTHUR J., M.A., M.D., F.R.C.P. *Encephalitis Lethargica*. Bristol: John Wright & Sons, Ltd., 1924.
HANSCHALL, H. M., B.Sc., M.R.C.S., D.T.M.&H. "Prevention of Sub-Tertian Malaria (Failure of Quinine)." *Transactions of the Royal Society of Tropical Medicine and Hygiene*, May, 1924, vol. xviii.
HEWER, C. LANGTON, M.B., B.S., M.R.C.S., L.R.C.P. See Boyle and Hewer.
HORDER, Sir THOMAS, Bart., M.D., F.R.C.P. "The Mackenzie-Davidson Lecture on the Influence of Radiology upon our Conceptions of Disease." *British Medical Journal*, July 19th, 1924.
KING, H. H., M.B., B.S. "Treatment of Gastro-duodenal Ulcer." *Ibid.*, May 17th, 1924.
LANG BASIL, F.R.C.S. "Case of Associated Movements of Nose and Eyelids." *Proceedings of the Royal Society of Medicine*, May, 1924.
LEATHART, P. W., B.A., M.B., Ch.B., M.R.C.S., L.R.C.P. "Some Observations on the Common Cold." *British Dental Journal*, July 15th, 1924.
LLOYD, ERIC I., F.R.C.S. (T. TWISTINGTON HIGGINS and E. I. L.). "Mesenteric Cysts, with a Report of Two Cases." *British Journal of Surgery*, July, 1924.
MYERS, BERNARD, C.M.G., M.D. "The Nutritional Disturbances of Infancy. A British Medical Association Lecture." *British Medical Journal*, June 21st, 1924.

- PERKINS, ROWLAND J., M.D.(Lond.), M.R.C.P. See TWORT, Todd and Perkins.
- POWER, Sir D'ARCY, K.B.E., F.R.C.S. "Eponyms: Syme's Amputation." *British Journal of Surgery*, July, 1924.
- SIMMONDS, F. A. H., M.R.C.S., L.R.C.P. "Strangulated Hernia in an Infant of Three Weeks." *British Medical Journal*, July 12th, 1924.
- STORER, E. J., M.R.C.S. (LEONARD COLEBROOK, M.B., B.S., and E. J. S.). "On the Reduction of the Bactericidal Power of Blood which is effected by adding to it Citrate of Soda and other Decalcifying Agents; and on the Question whether Blood so Treated should be employed for Immuno-Transfusion." *British Journal of Experimental Pathology*, April, 1924.
- STOTT, ARNOLD W., M.D. See Dunhill, Fraser and Stott.
- THORNE, LESLIE THORNE, M.D., B.S.(Durh.), M.R.C.S., L.R.C.P. "The Balneological Treatment of Angina Pectoris." *Practitioner*, June, 1924.
- TODD, E. W., M.D.(Cantab.). See Twort, Todd and Perkins.
- TURTON, J. R. H., F.R.C.S. "Notes concerning the Surgical Removal of a Canine." *British Dental Journal*, April 1st, 1924.
- TWORT, C. C., M.D.(Aberd.), TODD, E. W., M.D.(Cantab.), and PERKINS, ROWLAND J., M.D.(Lond.), M.R.C.P. "Studies on the Group Specificity of some Antigens derived from Acid-fast Bacilli." *Quarterly Journal of Experimental Pathology*, June, 1924.
- VERRALL, P. JENNER, F.R.C.S. "Case of Patchy Gangrene of the Toes due to Vasomotor Injury." *Proceedings of the Royal Society of Medicine*, April, 1924.
- VINES, H. W. C., M.D. *The Parathyroid Glands in Relation to Disease*. London: Edward Arnold & Co., 1924.
- WALKER, KENNETH M., F.R.C.S., M.A., M.B., B.C. "The Risks of Prostatectomy." *Practitioner*, May, 1924.
- "Gonococcal Septicæmia." *Clinical Journal*, July 2nd, 1924.
- WEBER, F. PARKES, M.A., M.D., F.R.C.P. "Case of Hepatic Cirrhosis, eight and a half years after the Disappearance of Ascites." *Proceedings of the Royal Society of Medicine*, April, 1924.
- "Return of Pulsation in Thrombo-Angiitis Obliterans." *British Medical Journal*, July 12th, 1924.
- WHARRY, H. MORTIMER, F.R.C.S. "A Series of Cases of Tinnitus Aurium associated with Abnormalities of Blood-Pressure." *Lancet*, May 3rd, 1924.
- WHITE, J. RENFREW, M.S., F.R.C.S. *A Manual of Surgical Handicraft and Physiotherapy*, vol. i. Dunedin: Coulls, Somerville, Wilkie, Ltd., 1923.
- "Two Rare Bone Diseases: Hereditary Deforming Chondrodysplasia and Chondrodystrophia Fœtalis." *British Journal of Surgery*, July, 1924.
- WHITTINGDALE, JOHN, M.A., M.B., F.R.C.S. "The Management of Pulmonary Tuberculosis in General Practice." *Clinical Journal*, June 4th, 1924.
- "Rupture of the Rectus Abdominis produced by Vomiting." *Lancet*, July 12th, 1924.
- WOODMAN, E. MUSGRAVE, M.S. "Suppurative Disease of the Upper Nasal Sinuses." *Journal of Laryngology and Otology*, July, 1924.

REVIEWS.

THE STUDENT'S POCKET PRESCRIBER AND GUIDE TO PRESCRIPTION WRITING. By DAVID MITCHELL MACDONALD, M.D., F.R.C.P.E. (E. & S. Livingstone.) Pp. 207. Price 3s.

In the eighth edition of his book the author has included a useful chapter on the Dangerous Drugs Act as it affects the practitioner. The arrangement of prescriptions under the heading of diseases is certainly open to criticism. A set of prescriptions for "phthisis," another set for "heart disease," and one for "debility in children" runs contrary to the conception of therapeutics held by our Teaching Staff.

Also the method of writing prescriptions—the amount for one bottle, instead of the amount for one dose, being written—will be a little unfamiliar to most of our readers.

We should also like to point out that there is an excellent Pharmacopœia published by this Hospital, and housemen will render the task of our dispensers much more easy if they order our standard mixtures rather than mixtures from other prescribing manuals.

MINOR SURGERY AND BANDAGING. By GWYNNE WILLIAMS, F.R.C.S. (J. & A. Churchill.) Pp. 408. 239 illustrations. Price 10s. 6d.

Filled from cover to cover with invaluable tips and practical points we have nothing but praise for this book. Designed originally for the young house-surgeon it should be read by every student starting his dressing, and will undoubtedly render the first six weeks of surgical out-patient dressing less of an incomprehensible nightmare.

In this, the seventeenth edition, the chapter on the treatment of fractures is considerably enlarged, the method of blood transfusion described, and the chapter on anaesthesia is added to by an account of gas and oxygen anaesthesia and sacral anaesthesia.

WHEELER'S HANDBOOK OF MEDICINE. By WILLIAM R. JACK, M.D., F.R.C.P.G. (E. & S. Livingstone.) Pp. 612. Price 12s. 6d.

Earlier editions of this most useful book will be known by many readers. The seventh edition, now available, contains considerable additions and modifications.

The article on diabetes mellitus has been re-written and gives a very fair idea of the modern method of treatment. The Graham ladder diet is briefly described.

Several new articles are added to the section on nervous diseases, and epidemic encephalitis is briefly treated.

In a work which aims at presenting the whole subject of medicine in a small handbook, the clinical descriptions are necessarily slight, but the student is usually sufficiently warned against mistaking a handbook for a text-book.

For obtaining a general idea of a disorder before reading it up in a larger book, and also for rapid revision before examination, this work certainly deserves to retain the high place it has won in the opinion of students of medicine.

LECTURES ON GONORRHOEA IN WOMEN AND CHILDREN. By J. JOHNSTONE ABRAHAM. (Heinemann.) Pp. 136. Price 7s. 6d.

These lectures are devoted mainly to treatment, much of which must needs be confined to the specialist. The book, though consequently less suited to the general reader than that of Mr. Kidd, deals well and in detail with gonorrhœal complications. Cystitis, ureteric catheterization for pyelitis, treatment of chronic cervicitis by ionization, abdominal operation for restoring the patency of occluded tubes, and tests for cure—these subjects are all discussed.

The author outlines arguments for and against the expectant treatment of acute salpingitis. His two lectures on metastatic gonorrhœa are very good. It is interesting to note that he is averse to treating the cervix during the acute stage of an arthritis. Much of his experience from the London Lock Hospital for Women differs from that of Mr. Kidd; he has found considerable benefit result from the use of vaccines, and by him diathermy of the cervix is viewed with more favour. He claims good results from treating Bartholinitis by injections of manganese butyrate. The book is illustrated.

HANDBOOK OF SANITARY LAW. By B. BURNETT HAM, M.D., D.P.H. Ninth edition, edited by HENRY R. KENWOOD, C.M.G., M.B., F.R.S.(Edin.), D.P.H. (London: H. K. Lewis & Co., Ltd.) Fcap 8vo. Pp. 244. Price 5s. net.

The ninth edition of this useful handbook on sanitary law contains little more than previous editions, though several Acts and Orders have been added to bring it up to date—notably those in the appendix, relating to medical officers of health. Of necessity it is written in a cold-blooded and succinct manner, and it possesses an excellent index and list of definitions—the *sine quâ non* of a book of this description. The more logical arrangement under Public Health subjects rather than under the various Public Health Acts is adopted, and a more living interest is thus imparted.

A passion for classification, sub-classification and reclassification has led to several small errors in the numbering thereof, e.g. in Chapter XII, making it difficult in some cases to follow through the author's scheme. Every Act or technical expression that can be abbreviated has been thus treated, and most, though not all of these contractions are collected at the beginning of the book and explained. Several Acts have been omitted for some unknown reason, e.g. the Shop-Hours Acts and the Elementary Education (Defective and Epileptic Children) Act, 1899.

With these few exceptions the book is excellent, and is almost indispensable to those working for Public Health qualifications.

RADIUM: ITS THERAPEUTIC USES IN GENERAL PRACTICE. By G. H. VARLEY, M.D. (Oxford University Press: Humphrey Milford.) Pp. 103. Price 6s. net.

The author describes his impressions from the treatment of 141 cases, many of which he has been unable to follow up for any length of time after the treatment. Nothing is said about the physical principles underlying the treatment and their biological application. The modern advances in technique are not described, and the methods used by the author appear to be largely empirical.

ORAL HYGIENE. By J. SIM WALLACE, D.Sc., M.D., L.D.S. (London: Baillière, Tindall & Cox.) Pp. 76.

The author points out some probable causes of dental caries and suggests preventative measures. The theory that the function of saliva is, "*par excellence*, oral hygiene," is brought forward. Unfortunately no experimental evidence is given in support; the pen of Dr. Wallace is not sufficient to blot out the established ideas of the physiology of saliva.

The reasoning is very unscientific, and loose statements are made that are quite unpardonable in a scientific treatise, e.g., "Sugar is . . . a pure chemical product, produced in quantity for the destruction of teeth!"

The book may cause the student to revise his knowledge of the functions of the salivary gland, and so is not without value.

EPIDEMIC ENCEPHALITIS. By ARTHUR J. HALL, M.A., M.D.(Camb.), F.R.C.P.(Lond.). (Simpkin, Marshall, Hamilton, Kent & Co., Ltd.) Pp. 229. Price 12s. net.

This excellent volume consists chiefly of the subject-matter of the Lumleian Lectures delivered in 1923 by Prof. Hall, and those of us who had the pleasure of attending those lectures know how delightful it would be to read them thus, together with recent additions.

It is difficult to pick out any one point for special commendation, but if one had to do so, it seems to us that the outstanding merit of this book is the clear and lucid manner in which Prof. Hall deals with his subject. We have already advised many of our friends to take this volume with them on their holidays—having read it they will know something of "the romance of medicine." The pathology is, or dealt with as, to be almost as interesting as the clinical section. The various diagrams and illustrations are excellent, while, if any criticism can be made of the Bibliography, it would be that it is much too complete and long!

We conceive it to be the special duty of every medical man these days—whether student or practitioner—to keep himself well informed as to the varied and diverse manifestations of this scourge known as epidemic encephalitis. Without any hesitation we can safely say to them that there is no more certain method of carrying out that duty than to read this excellent volume.

EAR, NOSE AND THROAT TREATMENT IN GENERAL PRACTICE. By GEORGES PORTMANN, M.D. Translated and edited by R. SCOTT STEVENSON, M.D. (Wm. Heinemann (Medical Books) Ltd.) Price 10s. 6d. net.

Inasmuch as sound treatment must always be based upon accurate diagnosis, we cannot see that Dr. R. Scott Stevenson's translation of Dr. Georges Portmann's book on the treatment of ear, nose and throat disease will greatly avail the general practitioner. Diagnosis in affections of these regions is admittedly the stumbling block of most general practitioners, and to advocate direct massage of the malleus by pressure against the short process—a landmark often only identified with difficulty—is, to say the least of it, ambitious.

The book not only confines itself to treatment, but limits this again to "medical" treatment, and such important emergencies as foreign body in the nose, larynx, pharynx and oesophagus are not even mentioned. The subject of tracheotomy is omitted, while puncture of the maxillary antrum is described in some detail. The prescriptions, of which the book is largely composed, are good, but inclined to redundancy in places, and the profuse advocacy of the cocaine group will not be generally accepted.

The short sections on plugging of the nose and the treatment of epistaxis are among the more practical elements in a book the scope of which has been too narrowed to be of much general value.

Books Received.

The following books have been received and will shortly be reviewed:

MODERN DIAGNOSIS AND TREATMENT OF SYPHILIS, CHANCROID AND GONORRHEA. By L. W. HARRISON. Price 10s. 6d.

MODERN VIEWS ON THE TOXÆMIAS OF PREGNANCY. By O. L. V. DE WESSELOW and J. M. WYATT. Price 7s. 6d.

MODERN METHODS IN THE DIAGNOSIS AND TREATMENT OF PULMONARY TUBERCULOSIS. By R. C. WINGFIELD. Price 10s. 6d.

EXAMINATIONS, ETC.

UNIVERSITY OF OXFORD.

At a Congregation held on August 6th the following degree was conferred:

M.B.—I. M. Sidley.

Final Examination for the Degrees of B.M., B.Ch., July, 1924.

Materia Medica and Pharmacology.—N. Chilton, G. H. Crisp, J. H. Kennedy.

Pathology.—E. N. Allott, M. J. W. Minshull, G. P. Roxburgh, J. de la M. Savage.

Forensic Medicine and Public Health.—K. J. Franklin, P. H. Martin, H. W. Pearson, A. A. F. Peel, A. W. L. Row, T. E. Ryves. *Medicine, Surgery and Midwifery.*—R. E. D. Cargill, C. L. Elgood, K. J. Franklin, C. A. H. Green, H. W. Pearson, A. A. F. Peel, T. E. Ryves, I. M. Sidley.

UNIVERSITY OF CAMBRIDGE.

Examination for the Degree of M.Ch., Easter Term, 1924.

Examined and Approved.—E. P. Brockman, A. E. Roche.

At a Congregation held July 17th the following degrees were conferred:

M.B.—T. M. Thomas.

B.Ch.—J. R. B. Dearden, A. H. Johns.

First Examination for Medical and Surgical Degrees, Easter Term, 1924.

Part I. Chemistry.—G. G. Gabbett.

Part II. Mechanics.—G. G. Gabbett, J. D. Morison.

Part III. Physics.—G. G. Gabbett.

Part IV. Elementary Biology.—A. A. Heathcote, J. D. Morison.

Third Examination for Medical and Surgical Degrees, Easter Term, 1924.

Part I. Surgery, Midwifery and Gynaecology.—A. Barnsley, P. O. Davies, P. D. Griffiths, F. H. King, A. W. C. Mellor, A. V. Pegge, T. M. Preece, E. Rudge.

Part II. Principles and Practice of Physic, Pathology and Pharmacology.—C. V. Braimbridge, J. R. B. Dearden, H. H. Fisher, P. D. Griffiths, C. J. P. Grosvenor, C. A. Horder, A. H. Johns, J. A. W. Robertson, J. Ness Walker, F. R. Winton.

Diploma in Medical Radiology and Electrology.

Part I. Physics and Electrotechnics.—A. R. Colyer, F. H. Dommissie, C. R. Entichnap, S. G. Galstaun, T. D. Overend, R. S. Topham, K. F. Vickery.

Part II. Radiology and Electrology.—F. H. Dommissie, N. Grellier, J. V. Sparks.

UNIVERSITY OF LONDON.

M.D. Examination, July, 1924.

Branch I. Medicine.—J. N. Kerr (University Medal).

Branch IV. Midwifery and Diseases of Women.—C. M. Gwillim.

Branch V. State Medicine.—H. Shannon.

First Examination for Medical Degrees, July, 1924.

A. Bennett, R. C. Bennett, A. M. Boyd, S. G. Collingwood, D. F. L. Croft, R. Crumie, F. A. Edwards, A. D. Everett, G. M. Flemming, R. L. H. Harris, K. W. D. Hartley, J. Huntley, E. M. Lake, C. E. T. Parsons, R. A. C. Rice,† E. M. Sharples, J. O. Williams, T. C. Yip.

* Awarded a mark of distinction in Physics. † Awarded a mark of distinction in Biology.

Second Examination for Medical Degrees, July, 1924.

Part I. Organic Chemistry.—A. Bennett, W. R. Bett, J. R. Colville, C. N. Evans, G. M. Flemming, J. Hopton, W. L. Hurn, W. A. Hutton, D. C. R. R. Jenkins, S. McGladdery, K. W. Mackie,

W. T. Mills, R. W. Raven, J. A. Robson, C. G. Sinclair, K. G. Sugden, V. F. F. Winslow.

Part II. Anatomy, Physiology and Pharmacology.—V. H. Abrahamson, W. Adams Clark, W. V. Cruden, L. F. Day, J. H. Gubbin, S. A. Gunter,* D. Stanley Jones, I. Landon, R. A. Lewys-Lloyd, W. C. Munro, E. U. H. Pentreath, O. Richardson, R. Roderick, H. Royle, C. B. V. Tait, E. S. Vergette.

* Awarded a mark of distinction in Pharmacology.

CONJOINT EXAMINING BOARD.

First Examination, July, 1924.

Chemistry.—C. L. Carter, M. W. Gonin, G. K. McKee, K. L. Meesser, G. A. M. Parker,* A. S. Philips.*

Physics.—C. L. Carter, C. H. Devin,* M. W. Gonin, G. K. McKee, G. A. M. Parker,* A. S. Philips,* A. F. Stinson, R. J. G. Williams.

* New regulations—Pre-medical.

Second Examination, July, 1924.

Part I. Anatomy and Physiology.—C. H. A. Carty-Salmon,† B. Crossley-Meates,† N. A. King,† M. Malk,* R. E. Norrish, S. B. S. Smith,† W. M. Wilson.

* Anatomy only. † Physiology only.

Part II. Pharmacology and Materia Medica.—B. W. Cooke, J. G. Galt, H. Hillaby, W. A. R. Mailer, J. G. Paley, R. Zeitlin.

The following have completed the examinations for the Diplomas of M.R.C.S., L.R.C.P.:

R. N. Aston, A. E. Austen, A. Barnsley, F. A. Bevan, R. Bolton, A. C. Brown, D. D. R. Dale, A. C. Dick, N. B. Dreyer, C. J. East, H. E. K. Eccles, J. E. Elam, F. G. France, G. E. Harries, J. Hart-silver, C. M. Jennings, I. Kinsler, A. H. Kynaston, J. R. C. Laptain, A. V. Mackenzie, B. A. J. Mayo, K. C. L. Paddle, A. A. F. Peel, M. S. Pembrey, A. D. H. Simpson, A. W. H. Smith, K. S. M. Smith, H. A. Ware, W. Wilkinson, F. E. C. Williams, T. J. Wilson.

CHANGES OF ADDRESS.

ARTHUR, G. K., 295, High Street, Brentford.
BARNES, E. B., 73, St. Giles' Street, Northampton. (Tel. Northampton 1002.)
CODY, W. E., Colecroft, 212, London Road, Twickenham. (Tel. Richmond 499.)
DARBY, W. S., Dunwich, 16, Lyon Road, Harrow.
DAVIS, K. J. Acton, 9, Lower Berkeley Street, Portman Square, W. 1. (Tel. Mayfair 5507.)
DRUITT, A. E., "Castra," Kiln Road, Fareham, Hants.
GREEN, S. F. StD., Maj.-Gen. I.M.S., Headquarters, Western Command, Quetta, Baluchistan, India.
HAILSTONE, J. E., c/o P.M.O., Entebbe, Uganda.
KEMP, J. R., Rossall School, Fleetwood, Lancs.
LLOYD, W. E., 25, Brook Green, W. 6 (Tel. Hammersmith 326.)
McMENAMIN, J. G., Germiston, Transvaal.
NEWTON, H. W., Chester Cottage, Kingsdown, Deal.
NICOL, W. D., Horton Mental Hospital, Epsom, Surrey.
PRATT, ELTON, "The Hollow," Derby Road, Caversham, Reading. (Tel. Reading 680.)
REID, R. D., 16, Riding House Street, W. 1.
ROBINSON, G. DRUMMOND, St. John's Croft, 1, Madingley Road, Cambridge. (Tel. Cambridge 1394.)
ROSS, J. P., 32, Loudoun Road, St. John's Wood, N.W. 8. (Tel. Hampstead 8332.)
STARKEY, H. S. C., Sqd.-Ldr. R.A.F., M.S., Royal Air Force Headquarters, Strada Sciozese, Valletta, Malta.
STEEL, C. R., Lord Mayor Treloar Cripples' Hospital and College, Alton Park, Alton, Hants.
THOMSON, N. GRAY, Lavington, Barnet, Herts. (Tel. Barnet 2100.)
YUSUF, Z. M., 61, Southwark Park Road, S.E. 16.
ZERULO, T. F., Costa Clinic, Tenerife.

APPOINTMENTS.

BUIST, J. J., M.B.(Lond.), appointed Teacher of Vaccination to the Welsh National School of Medicine.
CARGILL, R. E. D., M.R.C.S., L.R.C.P., appointed Assistant Resident Medical Officer, Queen Charlotte's Maternity Hospital.
COBB, G. F., M.R.S.C., L.R.C.P., appointed Senior Assistant Medical Officer and Deputy Medical Superintendent of the Burntwood County Mental Hospital, near Lichfield, Staffs.
CRUDEN, S. S., M.R.C.S., L.R.C.P., appointed House-Physician at the Seamen's Hospital, Greenwich.

DUNSCOMBE, C., M.B., B.Ch.(Camb.), D.P.H., appointed Assistant County Medical Officer of Health and Assistant School Medical Inspector for Wiltshire.

POLLARD, E. B., M.R.C.S., L.R.C.P., appointed House-Surgeon, Royal Berkshire Hospital, Reading.

REID, R. D., M.R.C.S., L.R.C.P., appointed House-Surgeon at the Radium Institute.

ROBERTSON, J. A. W., M.R.C.S., L.R.C.P., appointed Assistant Resident Medical Officer, Queen Charlotte's Maternity Hospital.

ROBERTS, C. S. LANE, M.S.(Lond.), F.R.C.S., appointed Obstetric Surgeon to Out-Patients, Queen Charlotte's Maternity Hospital.

SMITH, A. B. PAVEY, F.R.C.S., appointed Aural Surgeon, Harrogate Infirmary.

STEEL, C. R., M.R.C.S., L.R.C.P., appointed Junior Assistant Resident Medical Officer, Lord Mayor Treloar Cripples' Hospital and College, Alton.

BIRTHS.

KEYNES.—On August 9th, at 10, Boundary Road, N.W. 8, the wife of Geoffrey Keynes, F.R.C.S., of a son.

OSMOND.—On August 4th, at Warwick House, Ashford, Middlesex, to Daisy, wife of T. E. Osmond, M.B.—a son.

SALE.—On July 27th, at a nursing home, Harrogate, to Olive, wife of John Caruthers Sale, of Queensland—a daughter.

MARRIAGES.

HORSBURGH—CLARKE.—On August 6th, at St. Jude's Church, Belfast, by the Rev. J. S. Taylor, M.A., Rector of the Cathedral, Lisburn, assisted by the Rev. W. J. Gransden, Dr. Percy Gilbert Horsburgh, Medical Officer of Health, Scunthorpe, son of Mr. and Mrs. James Horsburgh, of Wanaka, Queen's Avenue, Muswell Hill, London, formerly of Dunedin, New Zealand, to Margaret Georgina, daughter of the late James Clarke and of Mrs. Clarke, of India House, Ravenhill Road, Belfast.

NIXON—WALKER.—On Monday, August 18th, at St. Crantoc, Newquay, Cornwall, by the Rev. L. H. Nixon, M.A., Priest in Ordinary to the King and Precentor of Westminster, brother of the bridegroom and cousin of the bride, assisted by the Rev. Canon W. E. R. Morrow, M.A., Vicar of Clifton, John Alexander Nixon, C.M.G., M.D., F.R.C.P., Professor of Medicine in the University of Bristol, Physician to the Bristol Royal Infirmary, formerly Consulting Physician to the B.E.F., second son of the late Robert Bell Nixon, of Madras and Bombay, and Mrs. Nixon, of Clapham Common, S.W., to Doreen Gennifer Constantia Walker, M.R.C.S., L.R.C.P., only daughter of Mr. and Mrs. W. A. Walker, and granddaughter of the late General G. W. Warren Walker, R.E., of Bath.

RIGBY—WOOD.—On July 8th, at St. Saviour's Church, Walton Street, by the Vicar, John Charles Alexander Rigby, O.B.E., B.A., M.B., B.Ch.(Camb.), of Tower House, Bileston, Suffolk, son of the late Rev. George Henry Rigby, to Katharine, daughter of the late Arthur John Wood, Esq.

THOMSON—PERRING.—On June 25th, at St. John's Church, Putney, Dr. Norman Gray Thomson, son of Robert Thomson, to Doris Inez Perring, younger daughter of John Perring, L.C.C.

DEATHS.

DENNYS.—On July 30th, 1924, at "South Lea," Milford-on-Sea, Colonel G. W. P. Dennys, C.I.E., I.M.S. (retired.)

HEATON.—On August 13th, 1924, George Heaton, F.R.C.S., aged 63.

NALL.—On June 29th, 1924, suddenly, at Furness Vale, Samuel Nall, B.A., M.B., D.P.H., M.R.C.S.(Eng.) (Camb. and St. Bart.'s), the beloved husband of Lizzie Nall, aged 69. For many years in practice at Disley.

NOTICE.

All Communications, Articles, Letters, Notices, or Books for review should be forwarded, accompanied by the name of the sender, to the Editor, St. Bartholomew's Hospital Journal, St. Bartholomew's Hospital, Smithfield, E.C. 1.

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